

The 24-inch gauge and the common gavel: an entered apprentice mason's perspective on the medical profession

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ABSTRACT

By developing their character and philosophy, Freemasons have sought to improve their communities and society through the arts, sciences, humanities, and other fields and have made important contributions. Freemason physicians such as Alexander Fleming, Charles Mayo, William Withering, and Edward Jenner have left a medical legacy that still impacts our daily lives. The foundation of Freemasonry beliefs is taught through two primary symbols, known as the working tools of an entered apprentice mason: the 24-inch gauge and common gavel. The meaning behind each of the working tools has parallels to the education and professional standards embodied within the medical profession.

KEYWORDS Common gavel; Freemasonry; 24-inch gauge; medical education; physician burnout

Freemasons have garnered centuries of intrigue and suspicion, with intricate conspiracies of their alleged influence through various social, political, and religious developments.¹ In the United States and Europe, Freemasons have occupied all levels of society, including kings, presidents, politicians, businessmen, writers, composers, educators, doctors, journalists, and social leaders. The group has included such figures as Davy Crockett, Jim Bowie, Sam Houston, Christopher “Kit” Carson, Lewis and Clark, Charles Lindbergh, and Edwin “Buzz” Aldrin. With such broad reach, “the provocative question that has persisted since the rise of Freemasonry is whether these men were engaged in a conspiracy to impose the tenets of Freemasonry in a ‘new world order.’ Some critics have gone so far as to allege that Freemasons already run everything.”¹ Despite the conspiracies, Freemasonry has historically focused on moral, spiritual, and character development to make good men better. Freemasons describe Freemasonry as a

system of morality and social ethics, and a philosophy of life, all of simple and fundamental character, incorporating a broad humanitarianism and, though treating life as a practice experience, subordinates the material to the spiritual. . . . It is a Fraternity composed of moral men of legal age who believe in God and, of their own free will, receive in lodges degrees which depict a system of morality, that as they grow in maturity, teaches them to be tolerant of the beliefs of others, to be patriotic, law-abiding,

temperate in all things, to aid the unfortunate, to practice Brotherly Love, and to faithfully accept and discharge solemn obligations.¹

Toward this goal, Freemasons have made important contributions in the sciences and medical profession.^{2,3} Specifically, Freemason physicians, such as Alexander Fleming (who discovered penicillin), Charles Mayo (who founded the Mayo Clinic), William Withering (who discovered digitalis for heart failure), and Edward Jenner (who created the first vaccine for smallpox), have left a legacy that still impacts modern medical care.^{2,3} In most instances, Freemason physicians were attracted to unity, tolerance, and fraternal interactions toward mutual growth and enrichment. The late anatomist K. F. Burdach was attracted to Freemasonry for its

ideal of a federation of humanity, fraternal unity, serene enjoyment of life, spiritual and moral growth. This fraternal federation was of course only possible on the basis of religious tolerance and a coexistence of ideologies in the lodges. This idea was undoubtedly widely attractive, especially to doctors and scientists, often living in a feud with dogmatism and orthodoxy.^{2–4}

Interestingly, Charles H. Mayo became a Freemason “to be sure that there will be somebody at my funeral. Funerals and speeches at the grave play an important role in masonic lore.”^{2–4}

As an MD/PhD student and entered apprentice Freemason, I had similar motivations for joining Freemasonry, particularly because of its emphasis on spiritual and moral growth. However, I was also intrigued by the ritual and ceremonies of

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Freemasonry. The rituals and ceremonies are meant to “teach the importance of integrity and honor, reliance, self-control, trustworthiness, the realization that humans have a spiritual nature as well as a physical or animal nature, knowing how to love and be loved, and the importance of keeping confidences.”¹ One of my most memorable moments in Freemasonry was my second visit to the Lubbock masonic lodge where I spoke with a master mason who sat guarding the entrance of the lodge room with a sword while wearing traditional masonic regalia. This and many other ceremonies in Freemasonry continue to intrigue those within and outside the fraternity.

In the rituals of an entered apprentice mason, the foundation of Freemasonry beliefs is taught through two primary symbols, known as the working tools of an entered apprentice mason: the 24-inch gauge and common gavel. These describe human nature as divided into the

body (square), mind (compass), and soul (volume of sacred law). The tools of the entered apprentice recall those used by the ancient operative craftsmen. To the speculative Mason, they represent moral habits and forces by which man has shaped and reshaped the essence of his human nature.¹

The meaning behind each of the working tools has important parallels with the education and professional standards embodied within the medical profession and the importance symbols have in medicine.

THE 24-INCH GAUGE

An instrument made use of by operative Masons to measure and lay out their work. But we, as Free and Accepted Masons, are taught to make use of it for the more noble and glorious purpose of dividing our time. It being divided into twenty-four equal parts, is emblematical of the twenty-four hours of the day; which we are taught to divide into three parts, whereby we find a portion for the service of God and a distressed worthy brother; a portion for our usual vocations, and a portion for refreshment and sleep.⁵

The laying out of one's work satisfies our spiritual and physical needs and our longing to serve others through our work and practice. In medical practice, finding work-life balance amidst the hustle and bustle of modern hospitals remains a significant challenge for most clinicians. It is particularly challenging for residents. In fact, a growing number of residents and clinicians around the world report experiencing symptoms of what is now called “physician burnout,” which consists of exhaustion, depersonalization, and lack of efficacy.⁶ Specifically, burnout has been described in terms of an energy account:

Like a bank account, it can have a positive or negative balance. You withdraw energy from this account for the activities of your life and medical practice. You deposit energy into this account during times of rest and rebalance. When you dip into a negative balance, the account does not get closed. You keep spending (or working) despite the fact that your energy account is depleted.⁶

The rising level of physician burnout is related to the practice of clinical medicine, the specific challenges of

different clinical specialties, managing work-life balance, lack of effective physician leadership, and the culture of practicing health care workers.⁶ Furthermore, “Numerous global studies involving nearly every medical and surgical specialty indicate that one in every three physicians is experiencing burnout at any given time.”⁷ Left unchecked, physician burnout leads to lower patient satisfaction, lower quality of care, higher medical error rates and malpractice risk, higher physician and staff turnover, physician substance abuse and addiction, and physician suicide.⁶ As Dr. David Rakel explained:

There are lots of times when I find it a struggle to stay in a room with the patient and give them the full empathic presence along with bringing to bear all of my evidence-based, medical and scientific knowledge. . . . Despite our best intentions to be caring, compassionate, and competent physicians, our daily reality may intrude and leave us (and our patients) feeling that we have not achieved those noble and lofty goals.⁸

The most effective methods for addressing burnout include lowering our stress levels and the drain they produce on our physical and emotional health and improving the ability to recharge our energy accounts.⁶ As represented by the 24-inch gauge, physician burnout is prevented when we have a balance between our physical, emotional, and spiritual needs. In Freemasonry, the 24-inch gauge teaches us to make use of the time we are given and focus on the present rather than dwelling on the past or worrying about the future. In this manner,

We defy the despotism of days, investing fleeting hours with meaning. . . . Each of us has all the time there is—one moment—and it is wicked to waste it. Time is money, said Franklin; but he had been wiser had he said that time is life—literally so, since what we call time is only a putting forth of power, the movement of life . . . linking our fleeting days with the mighty law and will and love of God.⁶

As Douglas Messimer summarized,

Time—the substance of life! Time—gift of the Great Architect! Time—the building stone for your spiritual temple! Time—man's greatest mystery, bitterest enemy, and truest friend! Its care, conservation, and employment are the true secret of the twenty-four inch gauge—its waste and aimless spending is the sin against which this symbolic working tool aligns our Ancient Craft.⁹

The 24-inch gauge provides meaning behind managing our time and reducing burnout in the medical profession. Most physicians spend 4 years of undergraduate education, 4 years of medical school, and many more years of residency and fellowship training before becoming fully licensed physicians. The path is long and arduous, requiring much sacrifice and commitment to patients and their families. However, it's easy to lose sight of the brevity of life and how precious our time is toward those we love and the other goals we wish to achieve. Beyond its effects on our own lives, managing our time has lasting impacts on our friends, families, and the generations to follow. Overall, the 24-inch gauge is a constant reminder of managing and maximizing the time we are given from God to the fullest and richest extent possible.

THE COMMON GAVEL

An instrument made use of by operative Masons, to break off the rough and superfluous parts of stones, the better to fit them for the builder's use; but we, as Free and Accepted Masons, are taught to make use of it for the more noble and glorious purpose of divesting our minds and consciences of all the vices, and superfluities of life, thereby fitting ourselves as living stones, for that spiritual building, that house not made with hands, eternal in the heavens.⁵

While medical schools focus on the transmission of technical skills, a “hidden curriculum” occurs in parallel that “is a process of enculturation, and that in transmitting normative rules regarding behavior and emotions to its trainees . . . functions as a moral community.”¹⁰ In recent years, medical schools have implemented significant reforms for addressing character development in medical students through their ethics and professionalism curricula.¹¹ The overall goals of these reforms are to “equip students with a ‘skill set’ for resolving ethical or professional issues . . . [and] produce ‘virtuous’ physicians through character development.”¹¹ Some medical educators are advocating for additional character or virtue-based approaches toward medical school selection and education.¹¹ For example, the Tel-Aviv University Sackler School of Medicine employed a simulated interview process in which the candidate interacts with an angry standardized patient and needs to calm him or her down.¹² This scenario allows the medical school and clinical mentors to evaluate a student’s communication skills, motivation, integrity, and maturity in stressful and challenging clinical scenarios to provide feedback and guidance on better approaches and thinking.^{12–15} Medical education has always sought to improve the character, behavior, and professionalism of medical students and residents to match expectations in the clinical wards while also helping them master their craft.

Similarly, the common gavel represents the hidden curriculum of character growth. In this manner, Freemasonry teaches that the true meaning and satisfaction we derive in life comes from the continual refinement of our mind, body, and soul toward greater service to God, society, and creation. This is achieved as we “analyze ourselves and see that this small imperfection is affecting our lives, and that it must be removed.”¹⁶ Furthermore,

We are reminded of our personal “rough and imperfect” state and of the need to gain education, understanding, and control of our many imperfections. . . . Becoming a better Mason comes through divesting our minds and consciences of the vices, habits, desires, and unnecessary wants so common in our youth. Each of these imperfections appears as a rough point on our character and the common gavel calls us to pay due attention to them and smooth them away, always preparing for the Spiritual Temple in our future. . . . Perfection in conduct, like that of a perfectly flat surface or perfect stone, comes through work and constant vigilance.¹⁷

The common gavel provides a guide for how we should utilize the time we are given each day. Through daily reflection and experience, we can modify our actions, thoughts, and beliefs to improve our communication, interactions, and

perspectives on ourselves and others. We become aware of our own imperfections and develop compassion for the flaws and imperfections of our closest friends and family. The key toward improving patient outcomes and health occurs through the continual refinement of our craft, character, and willingness to forgive and learn from our mistakes. Along with the 24-inch gauge, the common gavel is the instrument by which we make use of the time given to us for our greater spiritual and emotional maturity and fulfillment toward “fitting ourselves as living stones, for that spiritual building, that house not made with hands, eternal in the heavens.”⁵

CONCLUSION

The medical profession has several symbols, including the caduceus, the rod of Asclepius, and the red cross. These symbols have become part of the public image of modern medicine in recognition of the value and dedication health care providers have given to their patients in each generation. Nevertheless, the significance of these symbols has waned in recent years with disillusionment from patients and clinicians over the realities of health care.¹⁸ As represented by the 24-inch gauge and common gavel, clinicians can reclaim these symbols through “dividing our time” and “divesting our minds and consciences of all the vices and superfluities of life.”⁵ With the 24-inch gauge, clinicians can be reminded to lay out their day’s work examining their patients, teaching their students, and remaining fully engaged in the moment while also maintaining their own personal health and well-being. Furthermore, “dividing our time” requires redefining success in medicine beyond materialistic pursuits. It is a process of careful attention and diligence toward our craft and managing its many demands. With the common gavel, clinicians are reminded that their work is a constant process of adjustment and removal of external and internal obstacles toward being fully present with patients and their illnesses. By applying these working tools in removing old habits, preconceptions, and personal biases toward their fellow man, physicians may acquire greater compassion, love, and humility toward patients and motivation to provide improved quality of care and patient interactions.

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